

Tennessee

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| Licensure Term | Assisted Care Living Facilities |
| Opening Statement | <p>The Tennessee Department of Health, Board for Licensing Health Care Facilities, licenses assisted care living facilities (ACLF) and residential homes for the aged to provide services to older persons who need assistance with personal care. Assisted care living facilities may provide a higher level of care than residential homes for the aged, including the provision of medical services. Licensing rules specify requirements for dementia care in both settings.</p> |
| Legislative and Regulatory Update | <p>Tennessee Senate Bill No. 1287 requires a criminal background check be completed on any employee or volunteer who will be in a position that involves providing direct contact with or responsibility for ACLF residents.</p> <p>The state has proposed regulatory changes, including additional rules for medication aides, such as granting authority to administer Schedule II narcotics.</p> <p>The regulations have been in effect since April 1998. Rule language revising the definition of medication administration; influenza vaccination; administration of IV medications; and medication disposal with requirement of policy was effective June 25, 2015.</p> |
| Definition | <p>An Assisted Care Living Facility is a building, establishment, complex, or distinct part thereof that accepts primarily aged persons for domiciliary care and services. The purpose of assisted-care living services is to:</p> <ol style="list-style-type: none">(1) Promote the availability of appropriate residential facilities for the elderly and adults with disabilities in the least restrictive and most homelike environment;(2) Provide assisted-care living services to residents in facilities by meeting each individual’s medical and other needs safely and effectively; and |

(3) Enhance the individual's ability to age in place while promoting personal individuality, respect, independence, and privacy.

Disclosure Items

The residence must have an accurate written statement regarding fees and services that will be provided to the resident upon admission and provide to each resident at the time of admission a copy of the resident's rights for the resident's review and signature. Prior to the admission or execution of a contract for the care of a resident, each ACLF shall disclose in writing to the resident, or to the resident's legal representative, whether the ACLF has liability insurance and the identity of the primary insurance carrier. If the ACLF is self-insured, its statement shall reflect that fact and indicate the corporate entity responsible for payment of any claims.

Facility Scope of Care

The facility may provide medical services and oversight of medical services. Medical services include administration of medication, part-time intermittent nursing care, various therapies, podiatry, medical social services, medical supplies, durable medical equipment, and hospice services.

The facility shall provide personal services. Personal services include protective care, safety when in the ACLF, daily awareness of the individual's whereabouts, the ability and readiness to intervene if crises arise, room and board, non-medical living assistance with activities of daily living (ADLs), laundry services, and dietary services.

Third Party Scope of Care

Medical services identified in the Facility Scope of Care provided in the facility may be provided by appropriately licensed or qualified staff of an ACLF, appropriately licensed or qualified contractors of an ACLF, a licensed home care organization, appropriately licensed staff of a nursing home, or another appropriately licensed entity.

Admission and Retention Policy

A facility shall not admit or permit the continued stay of any resident if he/she:

(1) Requires treatment of extensive stage III or IV decubitus ulcer or exfoliative dermatitis;

(2) Requires continuous nursing care;

(3) Has an active, infectious, and reportable disease in a communicable state that requires contact isolation;

(4) Exhibits verbal or physical aggressive behavior which poses an imminent physical threat to self or others, based not on the person's diagnosis, but on the behavior of the person;

(5) Requires physical or chemical restraints, not including psychotropic medications prescribed for a manageable mental disorder or condition; or

(6) Has needs that cannot be safely and effectively met in the ACLF.

Additionally, in specified circumstances, an ACLF may not retain a resident who cannot evacuate within 13 minutes.

An ACLF resident shall be discharged and transferred to another appropriate setting such as home, a hospital, or a nursing home when the resident, the resident's legal representative, ACLF administrator, or the resident's treating physician determine that the ACLF cannot safely and effectively meet the resident's needs, including medical services. The Board for Licensing Health Care Facilities may require that an ACLF resident be discharged or transferred to another level of care if it determines that the resident's needs, including medical services, cannot be safely and effectively met in the ACLF.

A facility shall not admit, but may permit the continued stay of residents who require the following treatments on an intermittent basis of up to three 21-day periods:

(1) Nasopharyngeal or tracheotomy aspiration;

(2) Nasogastric feedings;

(3) Gastrostomy feedings; or

(4) Intravenous therapy or intravenous feedings.

The resident's treating physician must certify that treatment can be safely and effectively provided by the ACLF for the last two 21-day periods.

The treatments described above can be provided on an ongoing basis if:

(1) The resident is receiving hospice services;

(2) The resident does not qualify for nursing facility level of care, in which case a waiver may be granted by the Board for Licensing Health Care Facilities, allowing the person to remain in the ACLF; or

(3) A person who requires any of the treatments specified above and who is able to self-care for such conditions without the assistance of facility personnel or other appropriately licensed entity will not be subject to the limitations outlined above and may be admitted or permitted to continue as a resident in an ACLF.

Any ACLF resident who qualifies for hospice care shall be able to receive hospice services and continue as a resident of the facility as long as the resident's treating physician certifies that hospice care can be appropriately provided at the facility.

Resident Assessment

Facilities are required to assess prospective residents before they move in to make sure they meet the definition of an ACLF resident. The complete written assessment of the resident shall occur within a time-period determined by the ACLF, but no later than 72 hours after admission. Quarterly reviews are to be performed by an interdisciplinary team for residents in a secured unit.

Medication Management

Medication must be self-administered or administered by a licensed professional. The facility may assist residents with medication, including reading labels, reminders, and observation.

Square Feet Requirements

A minimum of 80 square feet of bedroom space must be provided to each resident. Living room and dining areas capable of accommodating all residents shall be provided, with a minimum of 15 square feet per resident per dining area.

Residents Allowed Per Room

No bedroom shall have more than two beds.

Bathroom Requirements

Each toilet, lavatory, bath, or shower shall serve no more than six residents.

Life Safety

All new facilities must conform to the 2012 edition of the International Building Code, the 2012 edition of the National Fire Protection Code of the National Fire Protection Association (NFPA), the 2011 edition of the National Electrical Code, and the 2009 edition of the U.S. Public Health Service Food Code as adopted by the Board for Licensing Health Care Facilities. The handicap code as required by T.C.A. §68-120-204(a) for all new and existing facilities are subject to the requirements of the 1999 North Carolina Handicapped Accessibility Codes with 2004 Amendments and 2010 Americans with Disabilities Act (A.D.A.). Where there are conflicts between requirements in local codes and the above listed codes and regulations, the most stringent requirements shall apply.

All facilities must be protected throughout by an approved automatic sprinkler system using quick-response or residential sprinklers. All facilities must have electrically operated smoke

Unit and Staffing Requirements for Serving Persons with Dementia

detectors with battery back-up power operating at all times in at least sleeping rooms, day rooms, corridors, laundry rooms, and any other hazardous areas. In addition to state and federal laws and regulations, Tennessee adheres to NFPA standards.

Facilities are permitted to have secured units and can retain residents into the last stages of Alzheimer's disease, consistent with the above admission/discharge/transfer criteria. Facilities utilizing secured units must provide to survey staff specific information and documentation accumulated during the previous 12 months regarding staffing patterns, care provided, and other health-related issues.

Any staff working on a secured unit must have annual in-service training, including at least the following subject areas:

- (1) Basic facts about the causes, progression, and management of Alzheimer's disease and related disorders;
- (2) Dealing with dysfunctional behavior and catastrophic reactions in the residents;
- (3) Identifying and alleviating safety risks to the resident;
- (4) Providing assistance with ADLs for the resident; and
- (5) Communication with families and other persons interested in the resident.

Staffing Requirements

Facilities must employ an administrator, an identified responsible attendant, and a sufficient number of staff to meet the needs, including medical services as prescribed, of the residents. An ACLF must have an attendant who is alert and awake at all times. A licensed nurse must be available as needed. An ACLF shall employ a qualified dietician, full time, part time, or on a consultant basis. There are no specified staffing ratios. The responsible attendant, administrator, and direct care staff must be at least 18 years of age.

Administrator Education/Training

Administrators must hold a high school diploma or equivalent, and must not have been convicted of a criminal offense involving the abuse or intentional neglect of an elderly or vulnerable individual. An administrator must be certified by the Board for Licensing Health Care Facilities, unless the administrator is currently licensed in Tennessee as a nursing home administrator as required by T.C.A. 63-16-101.

Administrators must complete 24 hours of continuing education

every two years in courses related to Tennessee rules and regulations, health care management, nutrition and food service, financial management, and healthy lifestyles.

Staff Education/Training

None specified.

**Entity Approving
CE Program**

Tennessee Board of Licensing Health Care Facilities. All NAB-approved classroom courses including interactive on-line courses are automatically accepted. Continuing education courses focusing on geriatric care that are sponsored by the state and/or national association are also accepted and can be taken either in a classroom setting or through interactive on-line courses. However, there is no licensing board for ACLF administrators.

**Medicaid Policy and
Reimbursement**

The state covers services in assisted care living facilities through its Medicaid 1115 managed care Long-Term Services and Supports CHOICES program (CHOICES).

Citations

Tennessee Department of Health, Board for Licensing Health Care Facilities. Chapter 1200-08-25: Standards for Assisted Living Facilities [June 2015]
<http://share.tn.gov/sos/rules/1200/1200-08/1200-08-25.20150625.pdf>

Tennessee TennCare, Division of Health Care Finance and Administration. Long-Term Services and Supports.
<https://www.tn.gov/tenncare/section/long-term-services-supports>